



**House Committee on Ways and Means
Hearing on "Pathways to Universal Coverage"**

June 12, 2019

Statement Submitted by
National Partnership for Women & Families
1875 Connecticut Avenue NW
Suite 650
Washington, DC 20009
Phone: 202-986-2600
Fax: 202-986-2539

Dear Chairman Neal, Ranking Member Brady and Members of the Committee:

The National Partnership for Women & Families is a nonprofit, nonpartisan organization that has fought for decades to advance the rights and well-being of America's women and families. Our mission includes ensuring that everyone has access to quality, affordable health care, reproductive rights are secure, and we can all live with dignity and achieve economic security.

We commend the Committee's leadership for holding today's hearing on "Pathways to Universal Coverage." We believe that all women¹ – regardless of race, income level, immigration status, gender identity or sexual orientation – should have the peace of mind and access to care that comes with quality, comprehensive insurance coverage.

Despite recent significant coverage gains under the Affordable Care Act, disparities in coverage persist for immigrant women, women of color and women with low incomes. And even when women are covered, it is increasingly difficult for them to obtain affordable and adequate insurance that covers important services that meets their health care needs. Women's health is foundational to their ability to live whole and economically secure lives, but they too often forgo needed care because of high costs, lack of coverage, and inequitable barriers to access that disproportionately affect women of color and women with low incomes. In addition, women play an outsized role in contributing to the health care system as decision-makers and advocates for themselves and their loved ones.

It is time to eliminate the barriers that women continue to face in the health care system and to ensure that all women have access to affordable, quality, and comprehensive coverage. As new proposals are offered to reform and strengthen our country's health care system by expanding access to insurance coverage, it is critical to pay particular attention to priorities that have been left out of previous efforts.

As the Committee considers various pathways to universal coverage, we urge you to foreground the items below, which outline the essential elements of achieving universal coverage in a way that meets the needs of women, particularly women of

¹ We use the term "women" here, but we recognize that barriers to health care affect people of many gender identities – transgender, gender nonbinary and cisgender alike. Barriers to health care – especially reproductive health care – are often exacerbated for people in the LGBTQ community due in part to discrimination, stigma and a lack of cultural competency. The National Partnership works to remove barriers so that everyone is able to access the care they need. Quality, informed care for people of all genders must be covered under any universal coverage proposal.

color and women with low incomes who remain disproportionately uninsured and burdened by health care costs.

Eligibility

Universal coverage proposals should include every person living in the United States regardless of national origin, immigration status, income, race, ethnicity, language, sex, sexual orientation, gender identity, disability, and age. Health care coverage should not be based on geographic location or income. Every effort to reach the remaining uninsured must be prioritized.

Cost and Affordability

Any universal coverage proposal must adequately protect women from high health care costs and financial hardship. Universal coverage proposals must cap premiums, deductibles, out-of-network costs and other out-of-pocket costs for all women based on income.

Providing Comprehensive Benefits

Any universal coverage proposal should fully meet women's individual health care needs throughout their lives. Additionally, benefits should be structured so that there are avenues for addressing women's social needs (housing, nutrition, education, etc.), as well as nonemergency transportation services for women with disabilities and individuals with lower incomes. Comprehensive benefits must include:

- **Maternity Care:** Coverage must include routine and specialized prenatal visits, ultrasounds, home visiting, childbirth education, labor and delivery, and postpartum visits and support. Additionally, coverage should include the settings and providers that can help women achieve the birth outcomes they want, including coverage of doulas, midwives, community-based providers, and birth centers, in addition to hospital-based birth settings and providers.
- **Abortion Care:** Universal coverage proposals must affirmatively include comprehensive coverage for abortion care for all enrollees. Both medication abortion and abortion procedures, as well as all related pre- and post-care, should be covered.
- **Contraception:** Universal coverage proposals must ensure full coverage for all FDA-approved methods of contraception, including medication and devices, as well as over-the-counter methods and male-controlled methods. Coverage should also include comprehensive, non-directive counseling, insertion and removal of devices, and related follow-up care.
- **Additional Reproductive Health Care:** Proposals must include coverage for fertility care, menstruation-related pain and menstrual supplies, care for sexual pleasure and dysfunction and other reproductive health care needs, for all people who need reproductive health care, including LGBTQ people.

- **Preventive Care:** Benefits must be based on evidence-based recommendations including HRSA-supported women’s preventive services guidelines, United States Preventive Services Task Force A and B recommendations, Bright Future Project and the Advisory Committee on Immunization Practices recommendations.
- **Behavioral Health Care:** Covered benefits must include mental health treatment, such as psychotherapy and counseling, inpatient services, and comprehensive treatment for substance use disorders.
- **Long-term Services and Support:** Coverage must include the supports women need to live in their home or community, as well as the care women need in institutional settings, such as nursing homes, as they age. Coverage should prioritize services provided in the most integrative and least restrictive setting, to maximize women’s autonomy and social participation.
- **Hearing, Vision, and Dental Care:** Universal coverage proposals must fully integrate benefits (including prevention, screening, and treatment) for the hearing, vision, and oral health care needs of women.

Consumer Protections

Women must be able to access to the care they need when they need it, without being subject to discrimination, political interference or intrusion in the patient-provider relationship. Universal coverage proposals should reaffirm and strengthen the Health Care Rights Law’s² nondiscrimination provisions and include mechanisms to ensure compliance. Proposals should ensure an extensive provider network that does not undermine access to care, and women should be guaranteed choice of qualified, eligible providers. Consumer safeguards should include complete and consumer-friendly notice requirements; greater emphasis on consumer outreach and education; and adequate protections concerning privacy, confidentiality and data sharing.

Conclusion

Health care access, facilitated by comprehensive, affordable insurance coverage, is essential for addressing and improving disparities in health outcomes, improving the health of individuals and families, strengthening women’s economic security, and allowing women to live equal and full lives.

We are grateful that this Committee is considering pathways forward to expanding the availability of quality coverage to all people, and urge you to keep women – and their particular health care needs and challenges – at the forefront of your deliberations about the future of our health care system.

² Section 1557 of the Affordable Care Act.

If you have questions or would like more information, please contact Shaina Goodman, director of policy for reproductive health and rights, at sgoodman@nationalpartnership.org and Sarah Coombs, health policy analyst, at scoombs@nationalpartnership.org.